

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Title::	COMPOUNDS CONTAINING QUATERNARY CARBONS AND SILICON-CONTAINING GROUPS, MEDICAL DEVICES, AND METHODS
Attorney Docket Number::	P-10909.00
Total Drawing Sheets::	1

INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	US
Status::	FULL CAPACITY
Given Name::	Michael
Middle Name::	E
Family Name::	BENZ
City of Residence::	Ramsey
State or Province of Residence::	MN
Country of Residence::	US
Street of Mailing Address::	15410 Hematite Street NW
City of Mailing Address::	Ramsey
State or Province of Mailing Address::	MN
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	55303

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	US
Status::	FULL CAPACITY
Given Name::	Christopher
Middle Name::	M
Family Name::	HOBOT
City of Residence::	Tonka Bay
State or Province of Residence::	MN
Country of Residence::	US
Street of Mailing Address::	40 Pleasant Lane W

City of Mailing Address:: Tonka Bay
 State or Province of Mailing Address:: MN
 Country of Mailing Address:: US
 Postal or Zip Code of Mailing Address:: 55331

 Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: US
 Status:: FULL CAPACITY
 Given Name:: Randall
 Middle Name:: V
 Family Name:: SPARER
 City of Residence:: Andover
 State or Province of Residence:: MN
 Country of Residence:: US
 Street of Mailing Address:: 13522 Gladiola Street NW
 City of Mailing Address:: Andover
 State or Province of Mailing Address:: MN
 Country of Mailing Address:: US
 Postal or Zip Code of Mailing Address:: 55304

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 26813

REPRESENTATIVE INFORMATION

Representative Customer Number:: 26813

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/490,780	07/29/03
This Application	Non-Provisional of	60/411,725	09/17/02

ASSIGNMENT INFORMATION

Assignee Name:: Medtronic, Inc.
 Street of Mailing Address:: 710 Medtronic Parkway NE
 City of Mailing Address:: Minneapolis
 State or Province of Mailing Address:: MN
 Country of Mailing Address:: US
 Postal or Zip Code of Mailing Address:: 55432